

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1957

57 022071  
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bragg City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Bragg City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. R. 2</b>		Length of stay in lb <b>3 Yrs.</b>	d. STREET ADDRESS <b>R. R. 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Elmo</b> Middle <b>Kinnell</b> Last <b>Kinnell</b>			4. DATE OF DEATH Month <b>June</b> Day <b>21</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>42</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>John Kinnell</b>		
14. MOTHER'S MAIDEN NAME <b>Unknown</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>X</b>			17. INFORMANT Address <b>Arentha Kinnell Bragg City, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <b>Gun shot wound in ohest</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Shot while in argument and fight</b>		
20c. TIME OF INJURY Hour <b>10:00</b> Month <b>June</b> Day <b>21</b> Year <b>1957</b> p. m. <b>6-21-57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>R. 2 Bragg City Pemiscot Mo.</b>	
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at <b>4 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree, or title) <b>James A. Osburn</b> Coroner <b>3</b>			22b. ADDRESS <b>Hayti, Mo.</b>		22c. DATE SIGNED <b>6-21-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-22-57</b>		23c. NAME OF CEMETERY OR REPOSITORY <b>Homestown</b>	
23d. LOCATION (City, town, or county) <b>Wardell, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Jimmy Osburn</b>		ADDRESS <b>Hayti, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-24-57</b>	
26. REGISTRAR'S SIGNATURE <b>John W. Herman</b>					

7-188-5-7

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT

COURTHOUSE PHONE 790-0000  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James A. Johnson*

Licensed Embalmer No. 418

P. O. Address Wardell.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

To comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.